

ONE-TIME TEENAGE PUBLIC DANCE PERMIT APPLICATION

(Admit only persons 14 years of age & over & who have not reached their 19th Birthday.)

FEE: \$10.00/day

LMC Chapter 5.20

RETURN TO:

City Clerk's Office
555 S. 10th St., Room 103
Lincoln, NE 68508

PLEASE ALLOW 2 WEEKS FOR PROCESSING

NOTE: A site plan which would include a diagram of the space to be used for dancing, dressing rooms, check rooms, bathrooms, entrances, exits, stairways, elevators & fire escapes **must** be attached to this application *prior* to submission. **APPLICATION WILL BE RETURNED IF THIS IS NOT SUPPLIED.** A new Application must be submitted if any change is made from the application as previously submitted & approved.

Please PRINT using blue or black ink only.

APPLICANT'S INFORMATION:

Name: _____ D.O.B.. (must be 21 years of age) _____
Address: _____
Street City State Zip

Day-Time Phone #: _____ Cell #: _____ Fax #: _____

EVENT INFORMATION:

Date(s): _____ Hours of event(s): _____

Purpose of Dance: _____

Location of Dance: _____

Property Owner's Name: _____

Property Owner's Address: _____
Street City State Zip

Max. # of persons allowed on the premises: _____ Floor of the building where the dancing & all other rooms will be located: _____

EMPLOYEE INFORMATION:

Names of all persons employed by applicant in conducting dance: _____

Have any of the above-named individuals been found guilty or plead guilty to a misdemeanor involving moral turpitude or have been convicted or plead guilty to any felony?

Yes _____ No _____ If yes, give particulars: _____

Minimum number of adult supervisors: _____

NAME(S), ADDRESS(ES), & AGE(S) OF SUPERVISORS:

Names	Addresses (Include City, State, & Zip)	Age

Date

Signature of Applicant

Applications are available on the City's web site at "www.ci.lincoln.ne.us"

REFERRALS

FIRE PREVENTION BUREAU:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

POLICE DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

HEALTH DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

CODES ADMINISTRATION:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

PARKS DEPARTMENT: *(only if event involves Park property)*

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____
